The preface of the *Florarium* explains that the author has collected numerous passages from the Holy Scriptures and from sacred writers. A flower garden is a place where flowers abound, and so the name, he says, is appropriate to a collection of flowers from holy and spiritual writers, from doctors and wise men.

Sed quare cum hec addicione Bartholomei sic nominatur ad presens volo declarare non expedit quidem.

This secrecy is no doubt because it has pleased him to explain his name and place of writing by the acrostic already mentioned. There are 175 chapters, of which the first is on abstinence and the other subjects follow in alphabetical order.

The one medical chapter is of great length "on physicians and their medicines." Mirfeld urges physicians not to think too much of money, and relates as a warning the case of one to whom were owed £13 for his treatment of a patient during three years. The physician when dying, and exhorted to receive the Holy Eucharist, could say nothing but "£13 in three years."

He advised prelates to have a rope in their study hanging from the ceiling and knotted at the end on which they may take exercise, or to use weights in their hands if they cannot take enough outdoor exercise. He advises every one to bear in mind the verses:

Sit cena levis
Vel cena brevis
Sit raro molesta
Magna nocet
Medicina docet
Res est manifesta.

Gluttony slays more than the sword. Foods are not to be mixed, but a meal of bread to be taken in the morning and of meat in the evening. "And in this," he says, "all doctors of this faculty agree, but we English from long habit hold the reverse."

In the library of Lambeth Palace there is a manuscript which once belonged to Archbishop Sancroft, whose name (W. Saner.) is twice written in it. The volume contains several manuscript fragments, and among them four and a half pages on prognosis abstracted from medical authors, and digested into a treatise called "John Mirfeld's Mirror" (*Speculum Johannis Mirfeld*). It ends:

Explicit iste tractatus multum necessarius.

He does not mention his great contemporary Chaucer, nor any vernacular writer. The English men of letters with whose works he was familiar—Bede, John of Salisbury, John of Gaddesden, Ranulf Higden, all wrote in Latin. He was acquainted with Horace and Virgil and Ovid. He had read Boethius, and knew well the *Liber Etymologicarum* of Isidore of Seville. I am not competent to speak of his theological reading, but it was obviously extensive.

Mirfeld had read one medical book of his own time again and again, *The Lily of Medicine*, of Bernard of Gordon, and had a less profound acquaintance with the *Rosa Anglica* of John of Gaddesden and with the writings of Gilbertus Anglicus. These were the modern books of his time.

Of ancient authors he had studied the then current books attributed to Hippocrates and Galen. He had read a good deal in the continent of Rhazes, and was acquainted with some of the works of Serapion, of Avicenna, of Constantinus Africanus, and of Isaac son of Solomon. The works of Roger and Lanfranc and Platearius of Salernum and Arnaldus de Villa Nova were well known to him. The *Antidotarium* of Nicholas and Aemilius Macer *De Herbarum virtutibus* were his chief reading in pharmacology.

Mirfeld had observed patients for himself both in the world and in a hospital, and had formed independent opinions on the effects of treatment and on general prognosis.

In universal humanity towards the sick, and in the wish to alleviate pain, and to consider the feelings of the patient, those essential parts of our profession without which the highest skill in our art can never be attained, he was equal to the physician of to-day. He was imperfectly trained in the art of observation, and was inclined to accept without examination the dicta of great teachers of medicine. His test of the usefulness of methods of treatment was that patients were said to have been better after employing them. He did not consider whether the improvement was a probable event of the disease, or examine very closely into the accuracy of the diagnosis.

Such was John Mirfeld, a physician of wide reading, both within and without his profession, with a mind full of all

that was known in his time, a laborious and high-minded man, anxious to do all in his power for his patients, and to instruct others how to relieve suffering.

REFERENCES.

¹ Claudius C., ix (British Museum). ² J. H. Round, *Geoffrey de Mandeville*, p. 101, where the charter is printed from vol. iv of the transcript in the Guildhall. ³ Luard, *Matthew Paris* (Rolls Series). ⁴ *Matthew Paris* (Rolls Series), ed. H. R. Luard, iii, 307, et seq., and vi, 269. ⁵ Luard, *Matthew Paris* (Rolls Series), v, 501. ⁶ *Jacobi de Vitriaco primum Aconensis, deinde Tusculani episcopi, Libri duo quorum prior, Orientalis sive Hierosolymitanae, alter Occidentalis Historiae Nominis Inscribitur*, Duaci, 1597. ⁷ *Domus Dei Comitatus Trecentis*. ⁸ H. C. Maxwell Lyte: Appendix to IX Report of Historical MSS. Commission. ⁹ *Medici antiqui omnes* (Aldus), Venice, 1547, containing *Marcellus de Medicamentis*, p. 107b. ¹⁰ *Celtae and Galli: Proceedings of the British Academy*, Vol. ii, 1905. ¹¹ Oxford MS of *Breviarium*, fol. 253a, col. 1. ¹² *Leabhar Breac* facsimile, fol. 33a, line 67 to 33b, line 3. Text edited by Whitley Stokes, in *Three Middle Irish Homilies*, Calcutta, 1897. ¹³ *Qui Ricardus contulit istum librum domini religiosae de asherug ibidem in biblioteca permansurum*. Anno domini 1518. *Florarium*, fol. 259.

A CASE OF TRAUMATIC ASPHYXIA.

By W. SIBBALD ROBERTSON, M.B., CH.B.,

Late Resident to the Senior Extra-Mural Physician, late Resident Surgeon to Professor Annandale's Wards, Royal Infirmary, Edinburgh.

THE patient in this case, a child of 3, was knocked down on August 29th last by a cable car, and caught between the "cow-catcher" and the ground. He was tightly wedged between the two, and there was much difficulty in extricating him.

When picked up he was thought to be dead, but as he was being carried to the nearest medical man it was noticed that he was beginning to breathe, and that his face had assumed a peculiar bluish-black tint. A cut on his forehead was stitched by the surgeon, who sent him on at once to the infirmary. Artificial respiration was not performed.

State on Admission.—Temperature, 98° F.; pulse, 122 (weak); respirations, 40 (shallow and embarrassed). There was a small cut on his forehead, and an abrasion on the right side of his chest, extending in the anterior axillary line from the upper border of the third rib downwards for 6 in., and a corresponding abrasion on the back. With the exception of a bruise on the left thigh there were no other signs of violence.

The most striking phenomenon was the appearance of his face and neck, which were of an intense blue-black colour, much deeper even than in extreme cyanosis. There was a distinct line of demarcation round the neck, at the level of the middle of the clavicles, below which the skin was absolutely normal. The discoloration was rather less on the ears, and faded where the forehead met the hair. The skin of the hairy scalp seemed merely congested. The colouring on the face and neck was not homogeneous, but was seen to consist of a uniform blue tint, with a great many minute reddish-brown spots shining through it. These spots were most conspicuous near the line of demarcation on the neck and on the forehead, where the blue tint faded away. Pressure made no difference to the colour.

Under each conjunctiva there was a lozenge-shaped haemorrhage, extending from the border of the iris to the left angle of the eye. There were a few reddish-brown spots inside the inner surface of the eyelids. The pupils were normal, and there were no retinal haemorrhages. Vision did not seem to be affected, as far as the difficulties of testing it permitted to judge. There were also a few reddish-brown spots just inside the lips. Nothing abnormal was made out in the heart, lungs, or nervous system.

Progress.—The child was put to bed, and the question of bleeding was considered; but, since the patient was recovering rapidly, and the discoloration seemed due to something of the nature of haemorrhages into or under the skin, no treatment further than rest and a light diet was thought necessary. On the second day the intensity of the colour had diminished markedly, and the reddish-brown spots were less conspicuous. After the third day the colour faded steadily, but much less rapidly, and passed through none of the chromatic changes usual in extravasations of blood. The blue merely became less livid, then leaden, then faded gradually, until almost the normal tint was attained. On the second day there was a slight rise of temperature to 99.6° F., but otherwise recovery was uneventful.

Result.—He was discharged on the eleventh day, looking still somewhat swarthy. The conjunctival haemorrhages showed no change from their appearance on admission. Seen a week later, he still showed slight duskeness of the face. The outline of the conjunctival haemorrhages was irregular and rather more circumscribed.

Remarks.—According to an article in the *Annals of Surgery* for April, 1904, by H. H. A. Bach, M.D., of Boston, only 7 similar cases have been published, and the pathology of the question cannot be said to be definitely settled. The

discoloration is due either to "stasis of carbonized blood in temporarily paralysed and dilated capillaries," or to "haemorrhages into the skin and subcutaneous tissues." In the one case where portions of the skin were examined microscopically (by Dr. Wright, Massachusetts) no evidence was obtained of the presence of blood in the tissues outside the blood vessels, and the skin was found to be quite normal. The remarkable limitation of the colour is to be explained on anatomical grounds—the absence of valves on the course of the innominate and internal jugular veins (except a pair at the entrance of the jugular into the innominate, easily rendered incompetent), and on the course of the external jugular veins (except for two pairs of usually inefficient valves). If the accident is not immediately fatal the prognosis seems favourable, except for the risk of "contusion pneumonia" about the third day.

(For permission to publish these notes I am indebted to Mr. Hodsdon, under whose charge the patient was admitted to the Royal Edinburgh Infirmary.)

MEMORANDA:

MEDICAL, SURGICAL, OBSTETRICAL, THERAPEUTICAL, PATHOLOGICAL, ETC.

CHLOROFORM SYNCOPE AND DIRECT MANIPULATION OF THE HEART.

J. W., male, aged 63, was admitted into the Stockton and Thornaby Hospital to have his rectum examined for suspected malignant growth. He was somewhat emaciated and his arteries slightly atheromatous. On October 19th, 1905, chloroform was administered on a Skinner's mask. The patient took it well, without struggling, and was fully anaesthetized in about four minutes. After the digital examination had been proceeding for a few minutes Dr. Daglish noticed the patient's breathing becoming shallow and pulse feeble. The anaesthetic was at once stopped, the pupils being then well contracted. In a few moments both pulse and respiration ceased altogether, the apex beat could not be felt, the pupils began to dilate, and the face became livid.

The patient's head was lowered, the tongue drawn out, artificial respiration commenced, and strychnine injected subcutaneously. Though air passed freely in and out of the thorax there was no attempt at voluntary respiration.

At this point, three minutes after the cessation of pulse and respiration, Mr. Smith opened the abdomen in the middle line, just below the ensiform cartilage, the diaphragm was completely relaxed, and the heart was easily reached by the fingers and pressed forward against the ribs. The ventricles were soft and collapsed, and only a slight tremor of the heart muscle could be felt; gently kneading the heart, a faint contraction occurred, followed by others, and in about sixty seconds the heart was beating feebly but fairly regularly; a few seconds later voluntary respiration began, and was soon regularly established. Artificial respiration, which had been continuously carried on throughout was then stopped. After an interval of a few minutes the wound was closed. As the surgeon's hand had recently been in the rectum and had been cleansed in a most perfunctory manner, a gauze drain was inserted in the angle of the wound. The remainder of the incision in the peritoneum was sewn up with a fine continuous silk suture, the same done with the aponeurosis, and the skin brought together with interrupted silkworm-gut sutures. The patient was able to be moved to the ward about ten minutes later, and made an uneventful recovery. The wound gave no trouble and there was no rise of temperature. The gauze was removed on the fourth day, when a piece of silk was extruded from the wound and removed.

REMARKS.—A case reported by Dr. H. M. W. Gray, of Edinburgh, in the *Lancet* of August 19th, 1905, led to this remedy being tried successfully in this case. The question arises when such a measure is justifiable. In Dr. Gray's case and another reported by him ten minutes elapsed between cessation of pulse and resort to this process. In neither case did the patient survive more than hours, but Dr. Gray's case was already moribund. Certainly in abdominal operation the treatment can be resorted to at once without difficulty, and he reports a previous case where this was done with good result. Other remedies should, however, not be neglected, and above all artificial respiration kept up continuously, as this must increase the chances of restoring the heart's action.

Dr. Gray speaks of massaging the heart, but the action would be better described as kneading, akin to that done on a relaxed uterus after parturition. In suitable cases the procedure presents great possibilities of averting some of the otherwise fatal cases of syncope under anaesthetics.

T. RUDOLPH SMITH, M.B., F.R.C.S.
WM. ROBERT DAGLISH, M.B., B.S.

Stockton-on-Tees.

URINARY RETENTION DURING PREGNANCY.

THE relation of Mr. M. Cursham Corner's case (*BRITISH MEDICAL JOURNAL*, August 12th, 1905, p. 330) reminded me of a very similar one I had to deal with when house-surgeon at a provincial hospital twenty-five years ago, and which is recorded in my notes of interesting cases in various parts of the world. A multipara, aged 35, was admitted with the same symptoms as described in Mr. Corner's case, except that she denied pregnancy owing to irregular appearance of blood-stained discharge. The abdominal enlargement was globular and central, but she assured us that she passed urine regularly.

The question of tapping what was thought to be an ovarian cyst was seriously considered, and I was requested to pass a catheter. I did this in the presence of the staff of the hospital, and drew off a few ounces short of 4 quarts of urine, the last pint or so being blood-stained. The diagnosis was thus cleared up, and two months later the woman was delivered of a healthy child.

I should mention that after the catheterization well-marked retroversion of the uterus was discovered. This was treated by placing the patient in the prone position as much as possible.

J. D. RECKITT, M.R.C.S., L.S.A., etc.

Gulmarg, Kashmir.

SURGICAL EMPHYSEMA WITH HAEMOPTYSIS.

THE following case is interesting, and somewhat uncommon. H. M., a lather, aged 22, was admitted to the Ayr County Hospital about 2.30 p.m. on February 20th. The following account of his accident was obtained: About 8.30 a.m. he tried to stop a runaway horse yoked to a milk cart. His foot slipped, and he fell, one of the wheels of the cart passing over the middle of his chest. This happened at a country place thirty miles from Ayr. He was brought here on a stretcher by the first train, and arrived at the time already mentioned.

On admission he was suffering from great shock. His temperature was subnormal, and his pulse feeble and rapid. He complained of severe pain all over the chest, but no particular spot could be detected where the pain was more acute. There was marked emphysema extending up as far as the top of the head, and below to about 2 in. beyond the costal margins. This was most marked on the right side. There was severe haemoptysis. No fracture of the ribs could be made out, but owing to the severity of the haemoptysis too vigorous an examination was not deemed advisable. He was given $\frac{1}{2}$ gr. of morphine hypodermically at 3.30 p.m. At 6 p.m. another $\frac{1}{2}$ gr. was given, as the pain was still severe. The emphysema was well marked about the neck, and impeded his respirations somewhat. So embarrassed did the breathing become about 10 p.m. that it almost became necessary to do something to relieve it. At 4 a.m. next morning he had $\frac{1}{2}$ gr. morphine and $\frac{1}{2}$ gr. strychnine hypodermically, the strychnine being necessary as his pulse had become so weak. As regards nourishment, he was given nothing but fluids, and these cold. At 10 a.m., as he had passed no urine since admission, and, according to his statement, since just before the accident, a red rubber catheter was passed, and 12 oz. of urine drawn off. There was no blood in it. His condition on the whole was a little better. The emphysema had not got any worse, and the haemoptysis, though still severe, was not quite so bad.

On the 22nd he was distinctly better. The emphysema was less, as was also the haemoptysis. At night, however, his temperature went up to 100.4° F., and he was somewhat restless, so he was given 30 minims of nepenthe. On the 23rd he was much better. A thorough and systematic examination of the chest wall was carried out, but no fracture of the ribs could be detected. He was put on heroin hydrochloride, gr. $\frac{1}{4}$, thrice daily, and his diet was cautiously increased. He steadily improved after this. On the 25th the emphysema was much less, and the haemoptysis had almost ceased. On the 28th there was no haemoptysis. On March 4th the emphysema had all disappeared except a little on the right side just below the clavicle. The heroin hydrochloride was stopped. Patient was now getting ordinary diet, and he was allowed